carpal, and radio-carpal articulations were intact. The knee-joints could be flexed only with difficulty, the ends of the bones entering into them being much enlarged and deformed, and the neighboring muscles atrophied.

The other joints were normal. The skin about the affected articulations showed trophic changes, as did also the finger nails. The patient complained of severe pains, and of sensations of burning, and of cold, about the affected joints, but presented no subjective sensory symptoms, other than slight hypesthesia on the inner side of the knees. She developed a serous pleurisy, was tapped four times, but gradually ran down, and died six months after coming under observation. The autopsy showed slight fatty degeneration of the heart and of the liver, thickened pleura, and some fibroid changes in the lungs. The brain, cord and spinal nerve roots were normal.

The articulations of the knee-joints and of the fingers showed the characteristic changes.

The cord and nerves were prepared in the same way as in the former case, and were examined, with the following results: The cervical nerve roots, and nerves of the arm, were normal, the smaller branches to the fingers all showed degeneration, to a greater or less degree, as did also the filaments to the knee-joints and the sciatics in the lower part of their course. The lumbar nerve roots were normal, cord normal. ALLEN.

PSYCHIATRY.

100. GENERAL PARESIS IN WOMEN. J. Hladik (Casopsis ceskych lékarn, 1898, p. 29). Revue Neurologique.

The results of the author's studies of general paresis in the asylums of Dobrau, in Bohemia, lead him to the following general statements:

(1) There has been no appreciable variation in the number of female paretics.

(2) The general average is one case in women to three cases in men.

(3) Dementia paralytica commences usually between the ages of 40 and 50.

(4) The most important etiological factors are heredity, alcohol and social misery. This last factor is especially predominant in the larger cities.

(5) With these people the course of the disease is slow; maniacal states, as well as paralytic attacks are rare. Ideas of grandeur are not marked. Agitation and dementia predominate.

(6) Remissions are by no means infrequent, and are of appreciable length. JELLIFFE.

101. LES LÉSIONS TABÉTIFORMES DANS LA PARALYSIE GÉNÉRALE (The Lesions of Tabes in General Paresis). E. Rabaud (Revue de Psychiatrie, 3, 1899, p. 37).

The author shows that according to the microscopical examination of the cord of cases in which tabes and general paresis are both present, there are grounds for separating the paralytic sclerosis from a tabes sclerosis. He believes that an essential point is the examination of the entire cord, at different levels, since at any one level the picture may resemble that of a posterior sclerosis very closely. The main general distinctions are: (1) The localization of the tabetiform lesions varies at different levels of the cord. (2) Examination of any one section shows minute, yet striking differences in the fiber degenerations. (3) The posterior root-zone is usually healthy in general paresis. (4) The cells of the anterior horns and of the columns of Clarke are altered. JELLIFFE.

102. CONTRIBUTION A L'ANATOMIE-PATHOLOGIQUE DE LA PSYCHOSE POLYNEVRITIQUE ET DE CERTAINES FORMES DE CONFUSION MENTALE PRIMITIVE (Contribution to the Pathologic Anatomy of the Psychoses of Polyneuritis and of Certain Forms of Primitive Mental Confusion). Ballet & Faure (La Presse Medicale, 30 November, 1898).

The clinical histories and results of the microscopical examinations of the brains and cords of two cases of alcoholic polyneuritis are recorded. The first, a woman, thirty years of age, had been in the habit of using alcohol to excess for some years. After the death of a child, which caused her considerable grief, she refused to eat, appeared to have lost all energy, slept badly, and had hallucinations. Some three months later she suffered from darting pains in the legs, and there was edema of the lower extremities. When admitted to the hospital there was general weakness of the lower extremities of such an extreme degree that it was impossible for the patient to stand. The reflexes were exaggerated, and there was difficulty with the sphincters. She wept constantly, her knowledge of time and place was greatly disturbed, and she comprehended simple questions with difficulty. Memory was very imperfect. There were slight lesions at the apices of both lungs, but death appears to have been produced by an extensive bed-sore over the sacrum. At the autopsy the liver was found enlarged, the kidneys congested, the brain and cord apparently normal. Sections through the paracentral lobule showed extreme alteration of the large motor cells, not more than one in six being healthy. Many of the cells in the anterior cornua of the lumbar cord were likewise degenerated, showing the peripheral position of the nucleus, loss of the chromophilic bodies, etc. The anterior tibial nerve showed marked secondary degeneration. The second patient, a woman of thirty-two, had been drinking to excess for over a year, during which time she had also suffered from severe cough and hemoptysis. She remained quietly in bed, paid little attention to her surroundings, had difficulty in answering questions, and occasionally said a number of words without any particular connection.. At the autopsy slight changes were found in the liver, the brain and cord appeared to be normal, but the cells in the paracentral lobule were degenerated. The cells of the anterior horns of the lumbar region were apparently normal. No changes were found in the white substance of either the brain or the cord by the methods of Pal or Marchi. A few degenerated nerve fibers were found. The interesting feature of this case is the absence of any secondary degeneration in the nerves, indicating either a primary affection of the cells of the cerebral cortex, or else their reaction to a degeneration at the periphery of the neuron, without consecutive change in the intervening portions. The authors are convinced that the alterations in the motor cells have a close relation to the psychical troubles. The changes in the cells were not similar to those produced by post-mortem putrefaction or by high fever. They call attention to the frequency with which polyneuritis, due to alcohol, is associated with mental confusion; Korsakoff having found that thirty of fifty cases were associated with mental changes.

SAILER.